



Aircraft Maintenance  
Ground Support / Inventory Control

# TRANSPORT WORKERS UNION OF AMERICA

## LOCAL 576 • AFL-CIO

PO BOX 2916 GRAPEVINE, TX 76099-2916

DFW-FAT-LAX-SGF-XNA

<http://local576.twuatd.org>

### STATEMENT OF GRIEVANCE

Name of Employee.....Employee No.....  
 Print Address.....  
 Home Phone.....Cell Phone.....Work Phone.....  
 Station.....Shop or Section.....Classification.....  
**Tracking #** .....Contract Articles Violated.....  
 Name of Immediate Supervisor.....

### EMPLOYEE'S STATEMENT OF GRIEVANCE

**This is a violation of the TWU contract.**

**I am seeking to be made whole in every way including but not limited to,**

I authorize the Transport Workers Union of America as my representative to act for me in the disposition of this grievance.

Date.....Signature of Employee.....

Signature of Union Officer.....

Presented to Supervisor..... Date.....Time.....Station.....  
Title

This Statement of Grievance

You will need two (3) copies of the grievance

(2) Copy to Company

(1) Copy to Union file

## DISPOSITION OF GRIEVANCE

**Decision of Immediate Supervisor:**

Date of Decision.....Signature..... Supervisor's Title

---

Grievant Received .....

Case appealed to Vice President or designee..... Date.....

**Decision of Vice President or designee:**

Date of Decision.....Signature..... Title of Company Official

---

Received .....

Case appealed to Board of Adjustments .....Date.....

How was this grievance finally disposed.....

Signature of person recording final disposition.....Date.....

**Tracking #** .....

### **First Step (Article 21 Section A)**

Contact a Union Steward and complete a grievance **WITHIN 7 DAYS** of the violation of the contract.

Your grievance **must include:**

1. Your name, employee number, station, shop, class, name of immediate Supervisor, address, and your contact number.
2. Statement of your grievance with language including "This is a violation of the contract **including** Article (whichever is violated)" and "I wish to be made whole in every way including (state what you are requesting)".
3. The date, signature of employee, signature of Union Steward, and date presented to Supervisor.
4. Attach copies of any supporting documentation to the grievance fact sheet. Give as much information as you can that supports the merit of your grievance.
5. Make a front and back copy and give the grievance to your immediate Supervisor.

If your grievance is denied or is **not received back in 7 days** you (the employee) can appeal to the next step.

### **Second Step (Article 21 Section B)**

1. Put the date received and sign where it says "Case Appealed by". **If you're appealing because you did not receive your grievance back:** using the copy of your original grievance. Write "Grievance not received within time frame. Appealed to next step" in the Supervisor decision section.
2. Give grievance to Base manager (MTX), Manager of Stores (Parts), Manager of QC (Inspections) **within 10 days.**

If your grievance is denied or is **not received back in 10 days** you (the employee) can appeal to the next step.

### **Third Step (Article 21 Section C)**

1. Put the date received and sign where it says "Case Appealed by". **If you're appealing because you did not receive your grievance back:** using the copy of your original grievance. Write "Grievance not received within time frame. Appealed to next step" in the First Appeal decision section.
2. Forward grievance to TWU Local 576, P.O. Box 2916, Grapevine, TX 76099-2916 **within 20 days.** Include all supporting documents and information that support your grievance. Sending with a return receipt is encouraged. **IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO MEET DEADLINES!**



# Grievance Fact Sheet

*This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details.*  
**DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.**

GRIEVANT \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

DATE OF CLASSIFICATION \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

ID NUMBER \_\_\_\_\_ EMPLOYEE SUPERVISOR \_\_\_\_\_

**What Happened?** Also describe incidents which gave rise to the grievance.

---

---

---

---

---

**Who was involved?** Give names and titles (include witnesses) \_\_\_\_\_

\_\_\_\_\_

**When did it occur?** Give day, time, date(s) \_\_\_\_\_

\_\_\_\_\_

**Where did it occur?** Specific locations \_\_\_\_\_

\_\_\_\_\_

**Why is this a grievance?** What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

---

---

---

**What adjustment is required?** What must management do to correct the problem?

---

---

**Additional comments.** Use reverse side if needed \_\_\_\_\_

---

---

GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STEWARD \_\_\_\_\_ DATE \_\_\_\_\_

GRIEVANT'S HOME ADDRESS \_\_\_\_\_

**NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO LOCAL GRIEVANCE FILE ALONG WITH COPY OF GRIEVANCE AND DISPOSITION. KEEP A COPY IN YOUR RECORDS.**